



STATE OF MARYLAND

DHMH Board of Professional Counselors and Therapists

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Baltimore, Maryland 21215

Larry Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

NOTICE OF CRIMINAL HISTORY RECORDS CHECK

Effective January 1, 2014

Effective January 1, 2014 the Maryland Board of Professional Counselors and Therapists (the "Board") is requiring all applicants for licensure, certification, and Trainee status to submit to a criminal history records check in accordance with §§17-501 and 17-501.1 of the Health Occupations Article, Annotated Code of Maryland. A full Criminal History Records Check includes a national and state criminal history background search.

The criminal history records check requires you to be fingerprinted. In order to be fingerprinted, you will need to complete and present at the location for fingerprinting the Livescan Pre-Registration Form. (See attached). You must present this form to the fingerprinting site because it has the Criminal Justice Information System (CJIS) Authorization number #1300005490 and the FBI ORI number #MD920512Z assigned to the Board. This allows the information to be forwarded directly to the Board.

For additional information contact CJIS, (Criminal Justice Information System) at 410-764-4501 and for current listings of fingerprinting providers please go to <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>.

FOR FAST AND ACCURATE SERVICE

1. When requesting a criminal history records check for licensing purposes you must have an agency name and authorization number. (Listed above).
2. Your background check is being sent to the Maryland Board of Professional Counselors and Therapists, a government licensing agency.
3. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).
4. Complete the Livescan Pre-registration Application and bring it to any fingerprinting center/provider.
5. Bring payment as indicated above. Do not send the Maryland Board of Professional Counselors any receipts. The Board will receive the results from the criminal history records check directly from Criminal Justice Information System (CJIS) within approximately 5 business days.
6. Please do not send the Livescan Pre-registration application to the Board it must be brought to the fingerprint center/provider location.
7. If the Board has not contacted you within 7 business days, please do not contact the Board. Please contact the provider you used for fingerprinting to verify when the results were submitted to the Board.



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name:			
Date of birth:		SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please check)
Height: ft. inches	Weight: lbs.	Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please check)			
Place of Birth:		Citizenship:	
Current address:			
City:		State:	ZIP Code: -
Daytime Phone:	Evening Phone:	Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 1300005490	
ORI # (if required): MD920512Z	Reason fingerprinted? License/Cert.
Position Applied for: N/A	
Request Type: (Choose one ONLY) <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: _____ Address: _____ City, State, Zip code: _____
